SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER: (check only one)

	1		
X	1a		2

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NAME OF COMMITTEE (In Full) Minnesota Democratic-Farmer-Labor Party Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt MLB-MAH MAH WI NO MIN Account: LEVIN 09 2011 Mailing Address 100 Washington Ave S Transaction ID: C7969298 Ste 2200 Amount of Each Receipt this Period City Zip Code State Minneapolis 55401-2159 2000.00 Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt B. Motorcycle PAC Of Minnesota Account: LEVIN 03 2011 Mailing Address 7160 Willow View Cv Transaction ID: C7969279 Amount of Each Receipt this Period City Zip Code State Chanhassen MN 55317-7514 500.00 Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt c. PIC PAC Account: LEVIN 02 04 2011 Mailing Address 6055 Falcon Ridge Trl Transaction ID: C7969245 Amount of Each Receipt this Period City State Zip Code Saint Paul MN 55124-5720 800.00 Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Road Pac of Minnesota Account: LEVIN 2011 Mailing Address 900 Long Lake Rd Transaction ID: C7969237 Ste 202 Amount of Each Receipt this Period City Zip Code State 55112-6439 MN 2100.00 Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation 5400.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....